

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		1-2/99
O.I.P.E. CLASSIFIER		12	1/14
FORMALITY REVIEW	RF	10556	2-3-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
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 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
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Form PTO-435A  
 (Rev. 6/99)

Claim	Date
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If more than 150 claims or 10 actions  
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